

A000DA7
RONALD F. SHALLAT, M.D. FEBRUARY 17, 2006

1	heavy objects or have a bump in your blood	13:47:12	1	of the patient with a subarachnoid bleed, does	13:49:43
2	pressure to have a rebleed. The sentinel bleed is	13:47:15	2	that influence at all whether or not a patient	13:49:45
3	stopped by a very fragile little clot that --	13:47:18	3	rebleeds?	13:49:47
4	normal physiologic mechanisms dissolve that clot.	13:47:23	4	A. Well, only to the extent that, as	13:49:48
5	That is the normal thing that bodies do. They	13:47:28	5	you said earlier, you are keeping him in bed and	13:49:52
6	dissolve clots that form in your system.	13:47:32	6	trying to prevent him from vomiting so he doesn't	13:49:55
7	Q. But certainly a patient is more	13:47:35	7	raise his pressure. You prevent his blood	13:49:58
8	likely to rebleed if they do something that	13:47:37	8	pressure from jumping up. You can do things to	13:50:01
9	could --	13:47:39	9	try and minimize outside factors from causing a	13:50:03
10	A. That certainly could increase your	13:47:39	10	rebleed, but rebleeding is inevitable in a certain	13:50:10
11	chances of rebleeding, but as statistics will	13:47:41	11	percentage of cases no matter what you do and	13:50:15
12	show, rebleeding happens many times even in	13:47:47	12	where you are treated and how you are treated.	13:50:17
13	patients who are hospitalized in medical centers	13:47:52	Q. Do you know what the percentage --	13:50:19	
14	with aneurysm care of the latest variety before	13:47:55	that percentage of cases is?	13:50:21	
15	they get to surgery. It happens. There doesn't	13:48:00	A. No. I can't quote the number.	13:50:22	
16	have to be a causative incident to make them	13:48:05	Q. Do you know whether or not it's	13:50:24	
17	rebleed.	13:48:09	less than 50 percent?	13:50:26	
18	Q. But certainly there could be a	13:48:09	A. Well, it probably is, but, I mean,	13:50:27	
19	causative incident that does cause rebleeding?	13:48:10	that is -- it's hard to quote a number because it	13:50:33	
20	A. Yes.	13:48:14	depends on what time frame you are talking about.	13:50:37	
21	Q. For instance, a patient exerting	13:48:14	21 Are you talking about in 24 hours or in 72 hours	13:50:40	
22	himself, that could cause a rebleed; isn't that	13:48:16	22 or ten days? I mean, some centers, you know, will	13:50:43	
23	right?	13:48:18	23 sit on patients for ten days and then operate, you	13:50:52	
24	A. It could be, yes.	13:48:18	24 know, and their incidence of rebleeding is	13:50:54	
25	Q. Before you go on, let me just make	13:48:20	25 significant in that time. If you operate in the	13:50:58	

Page 186

Page 188

1	sure that I followed up on that.	13:48:30	1	first 72 hours, it's less.	13:50:59
2	Had he been diagnosed with a	13:48:31	2	But so, in quoting a number, it has to	13:51:01
3	subarachnoid hemorrhage in the morning when he	13:48:40	3	be tied in to how many days you are talking, over	13:51:06
4	presented at the Alaska Native Medical Center	13:48:44	4	what period of time from the initial bleed.	13:51:09
5	Emergency Department, his best Hunt-Hess grade at	13:48:47	Q. Do you have an opinion as to when	13:51:10	
6	that point would have been a 1; isn't that right?	13:48:52	Mr. Allen rebled on the date of the -- on the	13:51:12	
7	A. That's right.	13:48:53	19th?	13:51:16	
8	Q. And, in fact, his worst Hunt-Hess	13:48:54	A. Well, I can only say that it likely	13:51:16	
9	grading system would have been a 1; isn't that	13:48:59	9 happened sometime between the time he laid down	13:51:21	
10	right? Certainly at that time in the morning had	13:49:01	10 and went to sleep, which was, what, about -- was	13:51:25	
11	he been diagnosed --	13:49:03	11 it 1:00 or 1:30? I mean, there are little	13:51:29	
12	A. Well, at 8:00 in morning, yeah.	13:49:03	12 discrepancies in the time frame, I think, from the	13:51:32	
13	But that is irrelevant. What I am saying is what	13:49:05	13 different stories, but basically, I think it's	13:51:37	
14	is relevant is his worst grade prior to treating	13:49:09	14 somewhere around 1:00 or 1:30 in the afternoon	13:51:39	
15	the aneurysm. Okay. I am saying that --	13:49:13	15 that he went to sleep, and she went out for	13:51:42	
16	Q. And you define treatment, then, in	13:49:19	16 McDonald's or something and then came back. But	13:51:46	
17	that instance as surgery?	13:49:21	17 sometime between there and, say, 3:00 or 4:00, I	13:51:49	
18	A. Surgery or interventional coiling.	13:49:22	18 would say.	13:51:53	
19	Q. But not medical treatment?	13:49:25	Q. Why do you say there -- the time,	13:51:54	
20	A. That's right, because medical	13:49:29	whatever time he laid down, to 3:00 or 4:00?	13:51:56	
21	treatment can't stop bleeding.	13:49:30	A. Well --	13:52:00	
22	Q. Can it -- does it change -- let me	13:49:35	Q. I am focused on the 3:00 or 4:00	13:52:01	
23	make sure I understand that.	13:49:37	part.	13:52:03	
24	Does it change at all? Medical	13:49:39	A. Yeah. I am assuming that when he	13:52:03	
25	treatment, that is, preoperative medical treatment	13:49:40	had the sonorous or stertorous breathing, that --	13:52:05	

Page 187

Page 189